

Critical Incidents Reported to Manitoba Health

Period: January 01, 2021 - March 31, 2021

Note: Critical incidents related to COVID-19 outbreaks in hospitals or personal care homes are reported as groups.

Fiscal Year Occurred	Degree of Injury	Description
2020/21	Major	A patient experienced delays in diagnosis and treatment for an acute medical condition.
2020/21	Major	Client sustained second and third degree burns to leg from baseboard heater. Client remained in care with ongoing wound care.
2020/21	Death	Urgent CT requested afterhours; request denied. CT performed 11 hours post request. Patient deteriorated as care was delayed.
2020/21	Major	A patient experienced harm related to a medical device that required surgical intervention and an extension of their hospital stay.
2020/21	Death	A client experienced a preventable fall resulting in serious harm. The opportunity to mitigate risks in the patient's environment was not fully realized.
2020/21	Major	A patient developed a pressure-related skin injury. The opportunity to mitigate the risk was not consistently realized.
2020/21	Death	Client attended an emergency department and left without treatment for entrance complaint. Client deceased the following day.
2020/21	Major	Gaps in monitoring of an acute medical condition led to delayed recognition and response to clinical deterioration.
2020/21	Death	The patient presented with an acute medical condition. Gaps in recognition led to a missed opportunity for additional investigations.
2020/21	Unknown	Error in diagnosis may have resulted in prolonged hospital stay. Client remained in care.
2020/21	Major	Client sustained a fall resulting in a fractured arm. Client remained in care.
2020/21	Major	A patient experienced skin tissue breakdown requiring increased care and intervention. Early opportunities to provide intervention were not consistently realized.
2020/21	Major	The patient's health deteriorated due to malfunctioning equipment during inter-facility transportation. Patient's inter-facility transfer was interrupted, and arrival at destination delayed due to equipment malfunction. Patient arrived at destination and deceased several days later.
2020/21	Major	A patient was provided transportation from a healthcare facility. The patient did not arrive home safely and required admission to hospital for treatment.
2020/21	Major	A patient experienced a delay in treatment for an acute medical condition which resulted in permanent harm.
2020/21	Major	Delay in transport to a more appropriate care delivery facility may have contributed to serious harm. Patient remained in care.
2020/21	Major	A patient experienced a preventable complication during a surgical procedure requiring additional life-sustaining interventions.
2020/21	Major	An opportunity for earlier diagnosis and intervention was not recognized. The patient deteriorated and required a higher level of care.
2020/21	Unknown	An incorrect dosage of medication resulted in the need for additional interventions. Client discharged from care.
2020/21	Death	A patient experienced a delay in accessing a diagnostic test and intervention for an acute medical condition.
2020/21	Major	A resident experienced skin tissue breakdown requiring increased care and intervention. Early opportunities to provide intervention were not consistently realized.
2020/21	Death	A patient experienced complications related to a medical treatment. Early opportunities for intervention were not realized.
2020/21	Major	A patient suffered an adverse reaction to intravenous antibiotics to which they had a known allergy, and required admission to MICU.

Fiscal Year Occurred	Degree of Injury	Description
2020/21	Major	A patient experienced a delay in follow up with a specialist resulting in a missed opportunity for early intervention and treatment planning.
2020/21	Major	A patient experienced a pressure injury. Strategies to prevent skin breakdown were not consistently realized.
2020/21	Death	A resident's airway became obstructed while eating, first aid efforts to clear resident's airway were unsuccessful.
2020/21	Unknown	Patient developed an unstageable pressure ulcer.
2020/21	Unknown	Patient admitted from another health facility with an unstageable pressure injury.
2020/21	Death	A patient experienced a change in their status. Opportunities for earlier consultation and intervention were not realized.
2020/21	Major	A patient received a diagnosis of cancer. Based on diagnosis, patient underwent surgical intervention. Pathology diagnosis from surgical tissue - negative for malignancy.
2020/21	Major	A resident experienced skin tissue breakdown. Opportunities to provide earlier interventions to mitigate the risk were not fully realized.
2020/21	Major	Patient had fall earlier in day, assessed at local hospital, and transferred to Winnipeg for surgery due to fall.
2020/21	Major	A treatment delay occurred due to a pathology error.
2020/21	Major	There was a delay in assessment, diagnosis, and subsequent treatment when a patient presented to an emergency department.
2020/21	Death	Residents developed a healthcare acquired infection associated with a serious outcome.
2020/21	Death	Residents developed a healthcare acquired infection associated with a serious outcome.
2020/21	Death	Residents developed a healthcare acquired infection associated with a serious outcome.
2020/21	Major	A patient received a diagnosis. Case was reviewed and diagnosis changed.
2020/21	Major	Patient had a diagnostic test and it was not reported until a second test was completed at a later date.
2020/21	Death	Patient death after a recommended urgent surgical intervention was not realized.